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"Work Ethics and its Impact on Performance at Irbid Governorate Public Hospitals"

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"أخلاقيات العمل و أثرها على الأداء في المستشفيات الحكومية في محافظة إربد "

"Work Ethics and its Impact on Performance at Irbid Governorate Public Hospitals"

إعداد

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Dedication

My sincerest thanks go to my family, my parents, my dad for his moral support, mom for all what she did for me, to my lovely husband Mohamed, my beautiful angel, daughter Danya. In addition, I thank my grandmother Shafya, uncles and aunts for encouragement, my dear brothers: Mahmoud, Mohammed and Zaid which have never left my side to their endless support and love. My thanks are also offered to all people who assisted me in pursuing this thesis.

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List of Abbreviations

I.C.U	Intensive Care Unit
ENT	Ears, Nose and Throat

Abstract

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This study investigates the extent to which physicians of Irbid governorate's public hospitals adhere to the Jordanian Medical Constitution. It also investigates the relationship between level of adherence to the Jordanian Medical Constitution and Performance of Hospitals. Three ethical dimensions (general duties of physicians, physician's duties towards their patients, and confidentiality) were tested, and three performance indicators (i.e. inpatients days, average length of stay, and occupancy rate) were adopted. Data about performance indicators were obtained from the annual statistical yearbooks issued by the ministry of health for the years (2010-2012). As for data about ethics, a questionnaire was designed and distributed to 200 physicians working for six public hospitals in Irbid governorate. The achieved sample consisted of a hundred and seventy physicians, representing a response rate of 85 %.

Data was entered and analyzed by using the statistical package for social sciences (SPSS). Several statistical techniques such the arithmetic means, standard deviation, correlation coefficient were utilized to analyze the data.

The main findings of the study are:

- There is a high level of adoption of all work ethics dimensions (general duties of physicians, physician's duties towards their patients, and confidentiality).
- There is a statistically significant difference at the level of ($\alpha \leq 0.05$) between males and females physicians on the adoption of work ethics, in favor of males.
- There is no statistically significant difference at the level of ($\alpha \leq 0.05$) between age, experience, career level and adherence to work ethics dimensions.
- There are statistically significant correlation at the level of ($\alpha \leq 0.05$), between all ethics dimensions and occupancy rate.
- There are statistically significant correlation at the level of ($\alpha \leq 0.05$), between all ethics dimensions and average length of stay.
- There are a statistically significant correlation at the level of ($\alpha \leq 0.05$), between all ethics dimensions and confidentiality.

This research suggests the following general recommendations:

- Physicians should show higher level of commitment to the confidentiality than the existing level as adherence to all dimensions is equally important to enhance the level of medical service provided to patients.

- Creating a specialized human resource department in hospitals which should be interested in medical ethics to promote the physicians' duties towards their patients.
- While this study concentrates on doctor's work ethics, future research should address ethics among other medical staff such as nurses and laboratories employees.
- Jordanian hospitals' administrations should concentrate on medical work ethics. This can be done by emphasizing the need to adopt the Jordanian Medical Constitution in the performance appraisal process.

Keywords:

Length of stay, occupancy rate, inpatients days, medical ethics, performance, Irbid governorate public hospitals.

Chapter One

General Framework

Chapter One

General Framework

1.1 Introduction:

Ethics has become a hot topic in recent years because of the prevalence of unethical behaviors such as corruption, fraud, lies, and continuous unethical actions in organizations, (Rendtorff, 2012).

Ethics refers to what is good and what is bad; or it is a set of values and principles. work ethics is concerned with what is right and wrong in business by referring them to fairness and justice (Sims, 2003).

The subject of work ethics has witnessed a huge interest; it attracts the attention of organizations**.** Kwon (2004) states that the concept of ethics in business has been raised in the last two decades. Augmentation in economic and administrative corruption is a main reason behind the dramatic rise of work ethics importance. Fostering commitment in ethical values should be enforced and given priority in order to achieve better performance, which ultimately leads to good welfare of societies (Georgescu, 2012).

Jin *et al.* (2013) conclude that, the more ethics are applied in institutions, the higher performance will be perceived. In addition, many researchers studied the importance of ethics and its role in achieving better performance as Maguad &

Krone (2009) who concluded that ethics leads to improvement of consumer satisfaction and rise of profit.

As this research is conducted on public hospitals, respect for work ethics is virtually represented by commitment of employees to performing their job tasks as identified by law. A main aspect of ethics of public job is the enhancement of good governance.

This thesis examines work ethics and its impact on health care practices of physicians at Irbid governorate public hospitals. The reason behind investigating work ethics, which is used in this research as an interchangeable term to medical ethics, in the health sector lies in the importance and the influence they have on people's health and physical well-being.

The researcher assumes that work ethics which resembles code of conduct and behaviors that are directly connected to human lives in this sector, have a major effect on the quality of health care provided.

1.2 The Statement of Problem

Patient safety is an increasingly vital aspect of health services delivery, because of high frequency of medical errors (Nelson et al. 2008).

Medical ethics play a major role in improving health services, by valuing human life. The researcher has observed that this issue is rarely dealt in Arabic studies or almost unavailable in Jordan to the best of the author's knowledge. This has motivated the researcher to examine whether lack of work ethics or its existence makes any impact on performance of public hospitals operating in Irbid governorate.

We can articulate the research problem as follows: what is the impact of work ethics on performance at Irbid Public Hospitals Governorate?

1.3 Research Objectives

This research aims to:

- Explore the extent to which physicians of Irbid governorate's public hospitals adhere to the Jordanian Medical Constitution work ethics (general duties of physicians, physician's duties towards their patients, and confidentiality).
- Find out the differences (if any) in the levels of adherence to the Jordanian medical constitutions work ethics (general duties of physicians, physicians' duties toward their patients, and confidentiality) among physicians attributed to their characteristics (i.e. age, gender, experience, and career level?

- Investigate the relationship between level of adherence to the Jordanian Medical Constitution work ethics and performance of the department in which physicians operate.
- Develop some recommendations that may help health care sector in irbid governorate to address the importance of work ethics on performance.

1.4 Research Questions

Based on the research objectives, the research aims at answering the following questions:

- To what extent do physicians of Irbid governorate's public hospitals adhere to the Jordanian medical constitution's work ethics (general duties of physicians, physicians' duties towards their patients, and confidentiality)?
- Are there differences in the levels of adherence to the Jordanian Medical Constitution (general duties of physicians, physicians' duties toward their patients, and confidentiality) attributed to their characteristics (gender, age, experience, and career level)?

- Is there a relationship between the level of adherence to the Jordanian Medical Constitution and performance of the departments in which physicians of Irbid governorate's public hospitals operate?

1.5 Significance of the Study

Commitment to work ethics by medical staff is essential to the improvement of performance when providing health care (Cinar *et al* 2013). The rationale for this research can be justified by the following reasons:

- To the best of the authors' knowledge, this is the first study to investigate the impact of work ethics on performance at public hospitals in Irbid governorate. The theoretical and practical results of this study are hoped to bridge the gap in the lack of studies addressing work ethics and its impact on performance in health care.
- This study is also significant because of the important role of medical and health industry in the national economy of Jordan which is deemed to be an advanced medical centre in the region.
- Recommendations of this study are hoped to assist decision makers in drawing better health policies and code of ethics in the Jordanian health sector.

1.6 Structure of the Study

The structure of this thesis is as follows: chapter one provides an introduction of the study. Chapter two provides a theoretical background of ethics and performance and defines the basic concepts. Chapter three reviews the related literature. Chapter four presents the research methodology. Chapter five presents the results and the discussions. Chapter six documents summary and conclusions.

Chapter Two

Theoretical Framework

Chapter Two

Theoretical Framework

2.1 Overview

This chapter explains the elementary concepts of ethics, business ethics, work ethics, medical ethics and the difference between those concepts. Finally, it gives an introduction about Irbid governorate public hospitals.

2.2 Ethics Definition

Scholars agree that ethics is about distinguishing between what is right and what is wrong. Many definitions about ethics are found in the literature. The researcher attempts to review those definitions from different resources. Unnikrishnan et al. (2014) define ethics as *"The application of values and moral rules to human activities"*. Solomon (1993: 3) defines ethics as "*That part of philosophy that is concerned with living well, being a good person, doing the right thing, getting along with other people, and wanting the right things in life"*. While Abdi et al. (1997) affirm that ethics come from people's religious faith and their cultural values, Long and Schiffman (2000) show that values and morality are important for all aspects of personal life that in turn will lead the person to choose the most suitable decision, which achieves effectiveness across specific situation. Abdi et al. (2014) state that ethics is a dispositional element which is varied among peoples.

Al Ghamdi (2010) delineates that ethics is a character which is reflected on behavior, appearance and friendship relations. Kacetla (2014) explains that ethics has many facets, first it is the imperatives, ideals of what is right, appropriate and adequate; second it is a philosophical discipline.

2.3 Work Ethics

Abdi et al. (2014) identify work ethics as an intangible variable which is different among people. Al Ghamdi (2010) says that ethics in place of work is the relation between employer and employee. Singhapaldi & Vitell (2007) define work ethics as "The degree to which an organization explicitly and implicitly incorporates ethics into its decision-making processes". Elçia et al. (2011) define work ethics as it is "based on the necessity for hard work, perfection and the virtue *of labor"*.

2.4 Business Ethics

Sims (2003) explains the definition of business ethics through defining morality and ethics relationship; ethics refer to what is good and what is bad, or it is a set of principles and values, while morality is a system of morale conduct which refers to what is right and wrong in action and behavior. Therefore, morality and ethics refer to similar concepts.

Rendtorff (2012) also asserts in his definition of business ethics as *"The theory and practice of the responsibility, ethics, and legitimacy of corporations in a*

globalized society", that there is a strong connection between business ethics and ethical theory of actions in organizations.

Hurst (2004) defines Business ethic as *"form of applied ethics".* Hurst said that business ethics has become vital topic which received a huge awareness since 1970 with various ways. Iwu-Egwuonwu (2011) adds that because of growing of ethical problems in business, organizations increasingly seek to adopt dimensions to protect and expand their reputation. Organizations started to formulate their code of ethics and replaced their mission and vision in a way that highlighted values' and morals' responsibilities of organization which concentrate on profit rather than business ethics and morality. Taysir *et al.* (2013) claim that business ethics can assist managers and make their companies more responsible and transparent, which according to Alchian & Demsetz (1972) is considered core and central in the organization environment that distinguishes any organization from others in the field.

Regarding different contexts and situations, Heath (2006) adds that every field has its own ethics depending on the situation; this means that medical ethics will answer the questions that arise from doctors' performance, while legal ethics should answer the inquiries that arise with lawyers' practices. Simmerly (1987) affirms that business values should be agreed in broader circle within organization.

2.5 Code of Ethics

Hunt *et al*. (1989) maintain that the moral values of a company should advance to set standards that propose good things to do and bad things to avoid, and help the organization to set up normative approach for individuals. These standards of ethics influence the employee to attain organizations objectives that consequently will improve the performance.

The impact of code of ethics on employee's behavior has been a core subject of several works. Valentine & Barnett (2003) show that the presence of code of ethics strengthens the awareness of employees' values and ethical practices of the organization, and therefore, employees have more intention to utilize ethical behavior. Besides, employees' view is influenced by various elements that contained in the code of ethics like the way the code was communicated to employees and system of reward and punishment for compliance or non-compliance to orders of the code (Schwartz, 2001). For his part, Stevens (2008) argues that ethical code can be an efficient tool for teaching employees ethical behavior and a guide to decision making. He shows that culture and communication are keys to achievement of these codes. Furthermore, employees must be conscious of codes and even contribute to its development to realize a consensus of opinion between the employee and the organization. Shared values reflect not only the recognition of the importance of the employee but also the

culture of the firm. Also, Weeks and Nantel (1992) approve that the commitment to the code of ethics would improve the performance of organizations and to be the leader in their field.

To sum up, code of ethics is eventually the basis on which better performance can be achieved; and that it is formulated to regulate the relationship between employees and their organization.

2.6 Medical Ethics

Kacetla (2014) states that medical ethics is known to be the oldest professional ethics. Unnikrishnan *et al*. (2014: 51-56) state *"A highest level of Knowledge, awareness and understanding of ethics are expected in medical practice as it is the foundation of sound healthcare delivery system"*. Unnikrishnan *et al*. (2014) declare that -medical practitioners should be committed to legal beliefs and principled behavior in addition to their knowledge, skills, and experience in medical practice. They add that ethical behavior leads to prevention from illegal and disciplinary actions.

Godbold *et al*. (2013) explain the values and morality which are vital elements of educating health professionals and practitioners in health care; they conclude that there is more than one approach of how and where ethics will be positioned in training and assessment. They also explain many styles of medical ethics and use

technology web based styles to indicate potential values which can be more valuable to medical practitioners and educators.

Falconer (2013) focuses on the quality of health care and better performance in clinical care. He stated that the important role of values and principles should exist to improve medical performance. He added that medical ethics has to be high aspiration and idyllic to result in high performance.

Thomas *et al*. (*2008)* note that medical ethics is necessary to avoid abuse from the power and to ensure the safety for population. Researchers talked about the difficulty of gauging levels of commitment in medical ethics because it is intangible element and the most difficult to measure in hospitals (Payne, 1980).

Danielewicz-Betz (2012) affirms that medical ethics can be defined as a system of moral principles that applies values and judgments to the practice of medicine. Who writes the code of medical ethics remains a question that is answered by Thomas *et al*. (2008). They concluded that people who identified themselves as practitioners in public health profession and health care have the responsibility for writing the code for population. They decided that the code of medical ethics is significant factor which is vital for public health to follow. Although articulating common ethics is a huge challenge, history showed us that the successful companies commit themselves to what is called code of ethics or standard of conduct (Sims, 2003).

The principles of medical ethics were first developed by Beauchamp & Childress (1979). They consider medical ethics as values that are related to patients care and practicing medicine; they also introduced four core principles that are beneficence, non-malfeasance, respect for autonomy, and finally justice. Gillon (1994) adopts those four principles. Snyder *et al*. (2008) expand them and added others such as respect, dignity, and the importance of good communication with patients.

In 1998 World Health Organization identified dimensions of medical ethics in terms of equity, honesty, secrecy, responsibility awareness, patience, humbleness, and avoiding negative criticism. William (2009) confirms that physicians should possess compassion, competences, and autonomy. He also added that medical ethics is different from one country to another, and from time to time according to the level of technology development.

In Jordan, medical ethics law stems from the medical constitution which was regulated in 1989 under the law of Jordan Medical Association. It comprises the following dimensions:

1- General duties of physicians.

2- The duties towards patients.

3- Confidentiality.

4- Fellowship rights.

5- Payment and fares.

Since this study investigates medical ethics in Irbid governorate public hospitals, the researcher adopts the first three of the aforementioned medical ethics which are stated in the Jordanian Medical Constitution of Jordan Medical Association. The researcher believes that these three dimensions are more connected and related to each other. The fourth dimension is not considered in this investigation since it is not directly related to the relationship between physicians and their patients. Furthermore, the fifth dimension is also excluded because physicians in the public sector have fixed salaries, in other words, number of patients they treat does not affect their salaries.

2.7 Performance

Probably organization performance is the most important topic that managers focus on because the productivity of any organization in any sector is very much affected by the efficiency of its employees (Martinez, 2000).

Currie (2006) claims that performance can be viewed as a behavior and also as the outcomes itself. Currie (2006) also believes that it can be the potential change in financial resources which the organization may control in the future.

Demyen & Popa (2014) defines performance by two main concepts which are competence, and attitude.

According to Al-Khalifa (2007), there are several methods to conduct organization evaluation depending on the following five indices: time, accuracy, speed, quality, and quantity.

Lala & Miculeac (2012) assert that performance is a kind of competence for the organization that can be conducted by achieving the productivity and efficiency of organizations' objectives that will lead for sustainability in the market place. Aguinis & Kraiger (2009) emphasize that performance management is a procedure of objective identification; and it is also to observe the performance for employees, train and have feedback from them. He also stated that performance management stresses that the employee's production should meet organization objectives.

Shaw (2003) indicates that the principle tools of investigating hospitals performance are regulatory inspection, public satisfaction surveys, third-party assessment, and statistical indicators. He elucidates that measurement is the core to achieve hospitals targets and to define what hospitals actually do.

Effectiveness and efficiency in hospitals are considered as results of providing health care which are related to improving health care quality and increasing welfare in society (Begley *et al*. 1993).

Koch (1992) states that there are six elements engaged with health service quality:

- Easy access to health service: place and time of service delivery
- Convenience of health service: appropriate satisfaction of society needs of health service.
- Equality: equal health service to all society members.
- Efficiency: economical use of resources and quality achievement results.
- Acceptance: satisfaction of citizens about health service.
- Effectiveness

Cooper *et al.* (2007) adopt efficiency measurement model in hospitals. This model used data envelopment analysis which means calculating and comparing input (number of doctors, nurses, practitioners) to output (number of surgeries, number of patients access). Majumder (2011) and Roemer et al. (1968) confirm that the important statistical indicators for hospitals performance are patient bed count, bed complement, bed capacity, average length of stay, bed count days, bed occupancy rate, bed turnover rate, bed turnover interval, and death rate.

The present research relied on three indicators of performance. They are inpatient days, occupancy rate, and average length of stay as in. They are considered critical and common in evaluating health service provided by hospitals (Majumder, 2011; Roemer et al., 1968).

Another reason to use only these three dimensions has to do with the availability of data. The statistical yearbooks (Ministry of Health, 2010-2012) which were consulted to obtain data about performance included only data about the above three mentioned indicators.

One of the contributions of this study is to develop a measure of medical ethics that would validly, reliably, and comprehensively assess work ethics in a way that allows for greater understanding of the antecedents of work ethics adoption and its impact on hospitals performance in Jordan. This makes this study distinct from other studies.

It is worth mentioning here that measurement of performance was taken for each department in the six hospitals. In other words, unit of analysis when dealing with performance was the department in each hospital. The fact that there are only six public hospitals in Irbid governorate represents a limitation to conduct our analysis only on six hospitals. The total number of departments in the six hospitals is 44 departments.

2.8 Overview of Irbid Governorate's Public Hospitals

The study is conducted on the public hospitals in irbid governorate, namely: Princess Basma Hospital, Princess Bade'a Hospital for Education and Princess Rahma Hospital for Education, Princess Raya Hospital, Al-Ramtha Public Hospital, and Yarmouk Hospital. A brief review about each hospital is provided in the following sections.

A. Princess Bade'a Hospital

This hospital officially began working on 1st January 1994, with hospital capacity of 98 beds. Bade'a hospital is located in South-West of Irbid city on an approximate area of 13000-squared meter. It consists of three floors; every floor consists of many sections. It serves Irbid population which is estimated about one million. The hospital's slogan is to achieve distinctiveness, stabilization, and collaboration. It's vision is to be the leader for providing a high quality service for both obstetrics and gynecology. It is also an educational institution for training medical practitioners, (Irbid Health Directorate, 2012).

B. Princess Rahma Hospital

The hospital provides services for children since 1997; it seeks to provide advanced care and to be the leader in this field (childhood care). It also seeks to

provide continuing care for children for Irbid city through building an effective strategy to achieve that objective. The hospital is unique for childhood care. It provides health care to new born infants until 13 year old children. It has 112 beds; the hospital has 16 different sections. Its vision is to be the leader in providing health care for childhood, and to be in line with effective standards. Its principles are differentiation, uniqueness, respect, mercy, safety standards, and a good relationship with the community (Irbid Health Directorate, 2012).

C. Princess Basma Hospital

The hospital has been established since 1959, at the beginning, the number of beds was sixty, current number of beds reached 202 beds. The hospital area is 28500 square meters, it serves almost 1112300 people, it comprises of the following specialties : general medicine, neurology, abdominal, physio-therapy, plastic surgery, ear, internal medicine, anesthetization, general surgery (Irbid Health Directorate, 2012).

D. Al Yarmouk Hospital

The hospital has been established since 2002, at the beginning, the number of beds was 60; current number of beds reached 61 beds. The hospital area is 14000 square meters, it serves almost 91540 people, it comprises of the following specialties: general medicine, neurology, internal medicine, physio-therapy (Irbid Health Directorate, 2012).

E. Al Ramtha Hospital

The hospital is located in north Jordan. It provides therapeutic services to more than 150 thousand inhabitants of Al-Ramtha city besides some residents of the western villages of the governorate of Mafraq. The hospital provides health care for all people with high quality at the lowest price to achieve the hospital objectives. The practitioners' number is 370, which includes doctors, nurses, specialists and administrators. The construction area of the hospital is about 1600-squared meter. The hospital has four buildings (Irbid Health Directorate, 2012).

F. Al Raya Hospital

The hospital has been established since 1995, at the beginnings the number of beds was 60, current number of beds reached 86 beds, the hospital area is 11260 square meters, it serves almost 109100 people, it comprises of the following specialties: general medicine, neurology, internal medicine, physio-therapy, general surgery. (Irbid Health Directorate, 2012).

Chapter Three

Literature Review

Chapter Three

Literature Review

3.1 Introduction

This chapter reviews previous research on the relationship between work ethics and performance. The studies are sequenced chronologically starting with most recent studies. The variety of topics discussed in this chapter reflects the importance of work ethics in different realms of business and professions.

3.2 Literature Review

Abdi *et al*. (2014) intended to explore the impact of Islamic work ethics on job performance and to test the relationship between Islamic work ethics, job performance and organizational commitment. The study was conducted in Malaysia; it employed a random sampling method. Data was gathered by questionnaires that were distributed to forty staff members and lecturers in Insaniah University College, Kedah. Findings showed that job performance was strongly associated with Islamic work ethics. But organizational commitment was not significantly associated with Islamic work ethics.

Meriac (2012) investigated ethics as a predictor for academic performance. Ethics' dimensions which were used are: (a) centrality of work, a belief that work is important in its own right, (b) self-reliance, representing a drive towards

independence in task accomplishment, (c) hard work, a belief that increased effort is the key to achievement, (d) leisure, a value of non-work activities, (e) morality, a tendency to engage in moral behavior, (f) delay of gratification, the capacity to postpone rewards until a later time, and (g) wasted time, the importance of the efficient use of time. The study used the following indicators of academic performance: counterproductive behavior, organizational citizenship behavior, grade point average, and student organizational citizenship behavior. These behaviors are important for the university's public image; and universities often encourage such behavior. Student counterproductive behavior is explained as behaviors related to cheating (e.g., copying or sharing answers, plagiarism) and disengagement (e.g., skipping classes, social loafing). This study was conducted in the United States of America. Participants were 221 undergraduates at a large Midwestern university. Findings concluded that work ethics plays an important role in predicting academic performance, especially when considering organizational citizenship behavior and counterproductive behavior as important performance outcomes.

Page (2012) tested whether the principles of medical ethics can be quantitatively measured on an individual level; and then subsequently if they are used in decision making process when individuals are faced with ethical situations. The

common four principles of Beauchamp and Childress (1979) for medical ethics (autonomy, non-malfeasance, beneficence and justice), were used in this study, which was conducted in Australia. A questionnaire was distributed to ninety-four first-year students in the Queensland University. Findings showed that the respondents have a significant preference for non-malfeasance over the other principles; the result also showed that this preference does not seem to relate to applied ethical judgments in particular ethical situations. The researcher also focused on that people declared that they valued these medical ethical principles, but they did not actually seem to use them directly in the decision making process. The reason for this was the lack of behavioral model for the relevant factors.

Al-Sakarneh (2012) aimed to explore to what extent the Jordanian mobile telecommunication companies displayed importance towards practice of work ethics. The researcher relied on the following dimensions in his investigation: respect for laws and regulations, justice and impartiality, speed, and respect for time and its effect on corporate image.

The researcher elucidates the corporate image as the organizations special characteristics made by the organizations vision, communication, orientation, administrative approach, history, and objectives, which represents the corporate

image. A survey was distributed among managers and employees. Findings showed that Jordanian mobile telecommunication displayed high importance towards practicing work ethics, and that there was a significant relation between ethics and managing corporate image.

Jaber and Sonobar's (2011) study on 36 Palestinian companies attempted to identify the stages of ethics evolution management which are pre-conventional phase, conventional, and post-conventional, and the relationship between those three phases and organizational performance.

The researchers defined preconvention phase as the stage where the workers perform their work just to avoid punishment and follow laws and regulations. In the conventional phase workers follow determined values in social system as a whole, but they do not follow certain moral ideal principles according to their work such as justice, fairness and others' rights. The last stage is the post-conventional, in which, workers depend on a set of internationally recognized principles to correct their behaviour.

The researchers used profit, market share, sales prices, and turnover as performance indicators.

Findings showed that there is a significant statistical relation between post conventional phase and institution's performance, whereas pre-conventional

phase and conventional phase did not show any statistical relation with company's performance.

Krishna *et al*. (2011) highlighted the important ethics of service recovery that strengthen the competition. The researchers define recovery service as an action taken by a service provider in case of services failure. The study was conducted in India, and it is descriptive in nature. Its findings recommended that there was a significant relation between business ethics and business success, and that better understanding for work values will sustain harmony, trust, employee loyalty, and brotherhood through buyer and seller relationship which will promote customer retention.

Lee *et al*. (2011) investigated the outcome of ethical improvement on work performance by using participant's grades. The researchers referred to ethical improvement as the level of cognitive moral reasoning of employee. The researchers refer in their study to the development theory which states that human beings differ in their degree of principled ethics with regard to their view of justice; they also differ in the way they formulate their social relationships. People who are committed to ethical development theory should display dutifulness and self-discipline which end up in good performance. The sample of this study consisted of Swiss-French and Swiss-German trainees in Switzerland.

Findings suggested that ethical development was an important predictor for financial performance, which will eventually be predictor for work performance.

Walumbwaa *et al* (2011) aimed at discovering the linkage between ethical leadership and employee performance. They examined leader exchange, self-efficacy, and organizational identification as the ethical leadership dimensions.

This study was conducted in People's Republic of China. A questionnaire was distributed to seventy-two supervisors.

The main result revealed that ethical leadership positively influences employee performance.

Mann (2010) investigated the relationship between work ethics and job performance using both in-role and extra-role indexes of performance. The researcher applied in-role dimension which was collected via supervisor reports of performance directly related to required job behaviours such as respect for organizational time and dependably doing one's job. Whereas, extra-role dimension representing four behaviours (helping, sportsmanship, initiative, and civic virtue) related to behaviours of going above and beyond job requirements.

The researcher used semi-structured interviews with a variety of managers, professionals, and workers in the United States of America to recognize

important aspects of work ethics that had not been addressed formerly. Findings showed significant relationships between work ethics and various in-role and extra-role work behaviors.

Aboud and Mbaydeen (2010) aimed at investigating the relationship between four ethical approaches, ideal, compliance, relative and evolutionary ethics and performance. The study was conducted on a sample of (20) Jordanian organizations from both governmental and private sectors in Amman.

The study used a questionnaire to collect data and depended on the following performance dimensions: increase sales, improve the company's reputation, increasing the value of the company's shares, and relationship with stakeholders. The findings showed a weak interest in work ethics in these organizations; also, it showed that there is a weak relation between the four approaches and performance indicators. The researcher emphasized that organizations should show high interest in adopting code of ethics and focus more on the relationship between ethics and organizations performance.

Grbac *et al*. (2009) sought to investigate the role of ethics and social responsibility in achieving organizational effectiveness. It also investigated the relationship between managers' attitudes towards ethics and organization performance. The study was conducted in Croatia and the researchers used a

questionnaire to collect data from a sample of managers in the most effective and successful firms in Croatia.

Findings showed that Croatian managers have a strong attitude to the important role of ethics and social responsibility in achieving firms' success and there is a positive relation between perceptions towards the role of ethics and doing business, which appears through; grow in the profit and productivity.

Berrone *et al* (2005) empirically tested the impact of corporate ethical identity on corporate financial performance. Corporate ethical identify refers to the history, objectives, strategy, process, actions, values related to the firm. The researchers used two dimensions to test corporate ethical identity. The first one is corporate applied ethics, that deals with all actions and policies that can be considered as ethical values and the second dimension is corporate revealed ethics: it deals with the communication with stakeholders.

The data was obtained from an International Companies in USA. Findings showed that the ethical identity of the company positively influences corporate financial performance. The researchers explained that companies with strong ethical identity can obtain a greater degree of stakeholder's satisfaction, which in turn affects positively the financial performance of companies.

3.3 Literature Conclusion

Most studies reviewed in the previous sections indicate that ethics has significant impact on performance in many countries in different sectors. Because ethics is ultimately an important basis in every action in our life especially when it deals with people's lives, the researcher has decided to study medical ethics in governmental hospitals in Irbid governorate. While surveying the related literature, the researcher has not found any studies which deal with ethics of medical professions in Jordan.

The rest of the surveyed literature varied in its studied themes. For example, some studies explored work ethics in different sectors such as meriac's study (2012) which investigated the impact of work ethics on academic performance. Also in krishna *et al*. (2012) the study concentrated on ethics that led to high competition in service recovery. In Amine *et al*.'s (2012) study the researcher investigated ethics and its impact on company's performance through mediating marketing dimensions.

Therefore, Page's study (2012) is the closest to the present research theme as they both investigated medical ethics. However, both studies employed dissimilar dimensions. Page (2012) depended on the four principles approach to medical ethics. Nonetheless, those principles have witnessed great debate over their applicability and competence in the realm of medical ethics. For instance,

Huxtable (2013) argued that this approach has four problems, which respectively claim that the approach is imperialist, inapplicable, inconsistent, and inadequate. Huxtable (2013) accused this approach to be in favor of Western position or Anglo-American, in particular. In his view, the four principle approach failed to consider the multiplicity of traditions, i.e., it cannot be authentic to all societal conventions. Thus, its application in inappropriate environment that is different from its source culture which is primarily Western would be not convenient. Therefore, the author of this research has chosen three main dimensions included in the Jordanian Medical Constitution. These three dimensions are more appropriate than the four-principle approach adapted by Page (2012) to this research. These dimensions are (1) general duties of physicians, (2) physician duties towards patients and (3) confidentiality. These dimensions address issues that are relevant to the Jordanian culture. Furthermore, these dimensions are in line with the job description of physicians in governances hospitals in Jordan (Jordan Medical Constitution, 1989).

Chapter Four

Methodology

Chapter Four

Methodology

4.1 Introduction

In this chapter, the researcher describes methods employed to carry out the study, population and sample of the study, data collection, instrument and its validation, scales reliability, pilot study and data analysis techniques.

4.2 Population and Sample

The population of this study is Irbid governorate's public hospitals. One of the units of analysis in the study is the departments in the six hospitals. There were 44 departments at the time of data collection. The physicians' number in the six hospitals is 425. Two hundred questionnaires were distributed randomly. Only 170 questionnaires were returned and analyzed; the remained 30 questionnaires were excluded from analysis. The second unit of analysis is individuals (physicians); it is appropriate for the first research question.

Table (4.1) shows the sample for each department that was chosen from each hospital. The total numbers of physicians included in the study are 170.

Table (4.1)

Distributing the elements of the sample according to present work place (n=170)

The Variable		**Frequency**	**%**
Present work place	Educational Hospital of Princess Basma	48	28.2
	Educational Hospital of Princess Rahma	27	15.9
	Educational Hospital of Princess Bdeaa	18	10.6
	Al Ramtha Public Hospital	21	12.4
	Princess Raya Hospital	19	11.2
	Al-Yarmouk Hospital	37	21.8
	Total	170	100

The table indicates that among the six hospitals Princess Basma Educational Hospital has the highest percentage of the sample (28.2%), while the lowest percentage of physicians (10.6%) comes from Princess Badea Hospital.

Table (4.2)

Distributing the elements of the sample according to gender (n=170)

The variable		Frequency	%
Gender	Male	132	77.6
	Female	38	22.4
	Total	170	100.0

Table (4.2) shows that the males percentage is (77.6%) whereas female percentage is (22.4%).

Table (4.3)

Distrusting the elements of the sample according to age (n=170)

The variable		Frequency	%
Age	Under or equal 30 year	73	42.9
	31-40 year	87	51.2
	41-50 year	4	2.4
	Above 51	6	3.5
	Total	170	100.0

Table (4.3) shows that the highest percentage of sample distribution regarding age is (51.2%), within the age range (31-40) years, while the lowest percentage is (2.4%) for the age range (41 years -50 years).

Table (4.4)

Distrusting the sample elements according to experience n=170

The variable		**Frequency**	**%**
Experience	Under or equal 5 year	80	47.1
	6-10 year	74	43.5
	11-15 year	8	4.7
	16-20 year	1	0.6
	Above 21	7	4.1
	Total	170	100

Table (4.4) shows that the highest percentage regarding experience variable is (47.1%) for physicians having five years or less of experience, while the lowest percentage is (0.6%) for physicians having (16-20) years of experience.

Table (4.5)

Distributing the sample elements according to career level n=170

The variable		**Frequency**	**%**
Career level	General doctor	54	31.8
	Resident doctor	74	43.5
	Qualified resident	24	14.1
	Specialist	17	10
	Consultant	1	0.6
	Total	170	100

Concerning career level the table (4.5) indicates that physicians (resident doctors) occupying the highest percentage with (43.5%), whereas the lowest percentage was for consultants with (0.6%).

4.3 Data Collection

The theoretical part focuses on explanations of core concepts to the study, whereas the empirical part is concerned with the analysis of data.

The researcher depends on two types of data:

1. Secondary sources of data: these include books, journals, articles, references, and constitution of the Jordanian Medical Association. Data about performance of each department in the six hospitals was obtained from the Ministry of Health/ Directorate of Information & Research. The Statistical Report, Book (2010-2012). The Statistical Report publishes data about three performance indicators (average length of stay, occupancy rate, and inpatients days).
2. Primary sources of data: the researcher carries out the empirical part by depending on a questionnaire, which includes questions related to the three dimensions of ethics as well as questions about background characteristics of the respondents (Appendix 3).

4.4 Developing the Questionnaire

The researcher developed a questionnaire as the main source for data collection. The questionnaire included, in addition to the cover letter, two sections. The first section was mainly concerned with gathering data about the respondents' characteristics (gender, age, experience, career level, current work place, and division).

Section two was mainly concerned with gathering data about level of adherence to the three ethical dimensions among physicians working in Irbid governorate public hospitals. Each dimension has a specific number of statements that measures it. The statements from (1-9) measure the first medical ethics dimensions which is general duties of physicians, whereas the statements from (10-22) measure the second dimensions of medical ethics which is the physicians' duties towards their patients, the last statements is from (23-27) measure the last one of medical ethics which is confidentiality. A five-point Likert Scale ranging from one to five, was chosen. One represented 'strongly agree' and five represented 'strongly disagree'. The questionnaire consisted of positively-worded and some negatively worded questions. Scores of the responses to the latter questions were reversed in processing the data.

The study instrument was based on the Constitution of Jordanian Medical Association and its 1989 law. The questionnaire consists of three dimensions.

These are general duties of physicians, physicians' duties towards their patients and confidentiality of the work.

4.5 Pilot Study

The researcher piloted the instrument using a sample of twenty physicians of different departments in different hospitals. The twenty physicians of the pilot sample were not among the study sample. Pilot study was proposed to recognize the clarity of items used to make sure that it is suitable for the study and to give appropriate responses. Pilot study was conducted to find out the time needed to obtain the completed questionnaires from physicians and the optimal method to mange questionnaire administration.

Pilot study gave the researcher a chance to pretest the questionnaire. It also assisted the researcher to determine if the subject's responses were able to provide sufficient information about the dimensions of the study that were being examined. Pilot study helped the researcher in detecting the weaknesses found in the instrument.

After completing pilot study, the researcher made minor changes to the questionnaire in order to improve its validity and readability. The pilot study indicated that the participant needed six minutes to answer the whole questionnaire. It also showed that there were no problems with answering the

questionnaire; as such there was no need to make essential changes in the preliminary questionnaire.

4.6 Face Validity

It is verified that the instrument is appropriately designed to measure the study dimensions without error or bias in any of the study levels in a manner that have no negative effects on the validity of the instrument used. To validate the instrument of the study, the questionnaire was given to a panel of experts from management and statistics faculty members at Yarmouk University. The number of experts who accomplished questionnaire validation was five, see Appendix (1). Their remarks were taken into consideration and the questionnaire was modified before being administered to the sample of the study.

4.7 Scales Reliability

Reliability defined as the consistency of the measures of a variable. To what extent the measures are free from error and therefore procedures are stable and consistent (Neuman, 2006); the result of reliability test presented in table (4.7): The Cronbach's Alpha technique was used for this purpose.

Table (4.7)

Result of the internal consistency by using Cronbach's Alpha

Dimensions	Number of Items	Cronbach's Alpha
General duties of physicians	9	0.70
Physicians' duties towards their patients	12	0.75
Confidentiality	5	0.74
Total	26	

4.8 Nature and Translation of the Questionnaire

The questionnaire was initiated in the Arabic language and translated into English see appendix (3).The questionnaire was distributed in Arabic because it is the official language in Jordan.

4.9 Data Analysis Techniques

To achieve objectives of the research, different statistical techniques were utilized.

- Chronbach's Aplha was used to determine the internal consistency of the items in the questionnaire to gauge its reliability.
- The Means and Standard deviations of the respondents' answers on all ethical dimensions of the study.

- We used independent sample T-Test on gender variable, and applying ANOVA on age, experience and career level.
- We adapted ANOVA for all ethics dimensions according to the physicians' department.
- We modified Pearson's Correlation Coefficient to find the relationships between ethics dimensions and performance.
- Multiple regression of the three ethics dimensions on the occupancy rate, average length of stay and inpatient day to justify the answers.
- Multiple regressions of the three ethical dimensions on the occupancy rate, average length of stay, and inpatients days.

4.10 Measurement Scale

Five-point Likert scale was chosen to investigate medical work ethics at Irbid public hospitals. Table (4.8) shows the criterion which was used in analysis according to answers means.

Table (4.8)
Measurement scale

Mean	Evaluation
From (1) to less than (2.33)	Low
From (2.33) to less than (3.66)	Moderate
From (3.66) to less than (5)	High

4.11 Limitations of the Study

The study has the following two limitations:

- Measurement of adherence to ethics relied on a questionnaire filled by the physicians themselves.
- The latest data that was available about performance goes back to 2012.

Chapter Five

Data Analysis and Discussions

Chapter Five

Data Analysis and Discussions

5.1 Introduction

This chapter includes analysis of the collected data. Quantitative analysis tools were used to interpret the questionnaire results. The analyzed data presented in this work is summarized in tables and graphs using SPSS program. The following sections will present responses to the research questions.

5.2 Question One:

To what extent do physicians of Irbid governorate's public hospitals adhere to the Jordanian medical constitution's work ethics (general duties of physicians, physician's duties towards their patients, and confidentiality)?

To answer the question, the mean and standard deviation of the sample have been calculated. Table (5.1) explains that:

Table (5.1)
Means and standard deviations of the respondents' answers on all ethical dimensions n=170

Rank	No.	Dimensions	Mean	Std. Deviation	Evaluation
1	**1**	General duties of physicians	4.16	0.57	High
2	**2**	Physicians duties towards their patients	3.82	0.56	High
3	**3**	Confidentiality	3.59	0.64	Moderate
Total			3.89		High

Table (5.1) shows the means of the three ethical dimensions. They range between (3.59) and (4.16). In the first place is general duties of physicians and its

mean is (4.16). The second is for physicians' duties towards their patients with the mean (3.82). The final was confidentiality and its mean is (3.59). The overall mean of all dimensions was (3.89). This indicates a high level of adherence to medical ethics in Irbid governorate's public hospitals.

Table (5.2) shows means and standard deviations for the items in the general duties of physician's responses.

Table (5.2)

Means and standard deviations for the item on general duties of physicians n=170

rank	No.	Item	Mean	Std. Deviation	Evaluation
1	9	I will not give medical report without diagnosis	4.68	0.84	High
2	1	I use my work to achieve my personal interest	4.57	0.78	High
3	3	I am ready to make advertisement to fame myself by using titles which I do not hold	4.39	1.06	High
4	4	If necessary I will keep advertising in newspapers for than a month to attract more patients	4.21	1.13	High
5	2	If I have a chance to be appointed in political or administrative position, I will make use of it	4.14	1.30	High
6	6	It does not matter if the medical report is not clearly written	4.00	1.19	High
7	8	I allow pharmacology firms to use my name in promoting their product	3.99	1.35	High
8	7	I am cautious that prescriptions should include instructions of medicine use	3.75	1.51	High
9	5	I refrain from giving advice to patients that can reduce their mental and physical immunity	3.74	1.57	High
The overall mean			4.16		High

Table (5.2) shows that all items have high means between (3.74-4.68) which indicates a high adherence to general physician's duties work ethic, the highest rank of the items indicate that the physicians were not ready to give medical report without diagnosis, whereas the lowest value reveals that physicians refuse to give advice for the patient that may reduce patients' mental and physical immunity.

Table (5.3) shows means and standard deviations for the items on physician's duties towards their patients'.

Table (5.3)

Means and the standard deviations for the items on duties towards patients n=170

Rank	No.	Item	Mean	Std. Deviation	Evaluation
1	6	In case of accidental death in the clinic, the doctor has the right to give a death report to dead's relative	4.63	0.94	High
2	13	The doctor has a right to terminate pregnancy by adoption	4.36	1.34	High
3	5	It is not a fault, if the doctor gives medical reports for courtesy	4.32	1.02	High
4	7	The doctor should treat the vulnerable patient even if there is no legal approval	4.25	1.30	High
5	12	The doctor should inform all concerned clinics if the patient's disease is infectious	4.20	1.35	High
6	4	It is necessary for medical report to have doctor signature on them	4.00	1.36	High
7	2	I do my best to provide medical care equally for all patients	3.90	1.44	High
8	9	The doctor has the right to hide dangerous information for patients who are likely to die	3.76	1.42	High
9	8	The doctor has the right to treat the patients even if there is legal approval is late	3.64	1.49	moderate
10	1	The patient has no right to select the doctor	3.45	1.65	moderate
11	11	The doctor should inform all concerned clinics if the patients disease is infectious	3.26	1.69	moderate
12	3	The doctor has the right not to treat his patient provided that it will not harm the patients health	3.05	1.50	moderate
13	10	The patients has no right to chose the doctor	2.82	1.53	moderate
The overall mean			3.82		High

Table (5.3) shows that the items' means vary between high and middle. The highest means are between (3.76-4.63), and the middle ranked means are between (2.82-3.64). In general, the value of (3.82) indicates a high adherence to the physician's duties towards their patient's work ethic.

Table (5.4) shows means and standard deviations for the items confidentiality responses.

Table (5.4)

Means and standard deviations for the items on confidentiality

Rank	No.	Item	Mean	Std. Deviation	Evaluation
1	1	The doctor has the right to hide the information of his patients for unauthorized people	4.55	1.20	High
2	3	The doctor has the right to display information of his patients to the concerned people for the sake of preserving community health	4.20	1.25	High
3	2	The doctor has the right to display information of his vulnerable patients to the concerned people when necessary	3.92	1.35	High
4	4	The doctor has no right to reveal information about the previous history of his patients even if legally approved	3.46	1.59	moderate
5	5	The doctor has the right to share medical information, names, and photos for scientific research	1.80	1.36	Low
The overall mean			3.59		moderate

Table (5.4) indicates that all means for all items are high ranging between (3.46 - 4.55) except for one item. The highest mean is for item, which states the doctor has no right to reveal information about the previous history of his patients even if legally approved. The one item that has a low mean of (1.80) reveals that a doctor has no right to share medical information, names, and photos for scientific research.

The overall mean for all items is (3.59). Which indicates moderate adherence to the confidentiality medical ethics.

5.3. Question Two:

Are there differences in the levels of physicians' adherence to the Jordanian medical constitution (general duties of physicians, physician's duties towards their patients, and confidentiality) attributed to their demographic characteristics (gender, age, experience, and career level)?

The independent sample T-test between male and female was used to test the difference between the two genders. Table (5.6) presents the result.

Table (5.6)

Independent Sample T-test between male and female for the three ethical dimensions

The field	**Gender**	**Mean**	**Std. deviation**	**T**	**Df**	**Statistically significant**
General duties of physicians	Male	4.17	0.55	0.39	168	0.70
	Female	4.13	0.62			
Physicians Duties towards their Patients	Male	3.87	0.57	2.25	168	0.03*
	Female	3.64	0.46			
Confidentiality	Male	3.64	0.64	2.01	168	0.05*
	Female	3.41	0.60			
Total	Male	3.93	0.46	2.06	168	0.04*
	female	3.76	0.35			

Table (5.6) shows the followings:

1) There is no statistically significant difference at the level of ($\alpha \leq 0.05$) between males and females physicians in terms of general duties of physicians. This may be attributed to the fact that females are less responsible than males.
2) There is a statistically significant difference at the level of ($\alpha \leq 0.05$) between males and females physicians in terms of their duties towards their patients.

3) There is a statistically significant difference at the level of ($\alpha \leq 0.05$) between males and females physicians in terms of confidentiality work ethic.
4) In general, there is a statistically significant difference at the level of ($\alpha \leq 0.05$) between males and females physicians for the three ethical dimensions, as for males overall mean is (3.93), whereas the overall mean for females is (3.76).

-The ANOVA test was used to test the differences among different age categories. Table (5.7) presents the results.

Table (5.7)
(ANOVA) test for the differences among different age categories

Field	Age	Mean	Std. deviation	F	Statistically significant
General duties of physicians	Under 30 years	4.05	0.57	2.80	0.04*
	31-40 year	4.26	0.55		
	41-50 year	3.78	0.13		
	Above 51year	4.37	0.63		
Physicians duties towards their patients	Under 30 year	3.79	0.47	0.77	0.51
	31-40 year	3.87	0.62		
	41-50 year	3.73	0.75		
	Above 51year	3.55	0.26		
Confidentiality	Under 31year	3.44	0.67	4.87	0.00*
	31-40 year	3.71	0.57		
	41-50 year	3.00	0.46		
	Above 51	4.03	0.78		

Table (5.7) shows that:

1. There is a statistically significant difference at the level of (α≤0.05) between general duties of physicians attributed to their age range (30 or less), this may be attributed to the fact that age range (30 or less) is fresh younger, more enthusiastic. They are eager and have the urge to provide more to improve their personal growth and career success.
2. There is no statistically significant difference at the level of (α≤0.05) between Physicians duties towards their patients attributed to their age.
3. There is no statistically significant difference at the level of (α≤0.05) between confidentiality and attributed to their age.
4. In general, there is no statistically significant difference at the level of (α≤0.05) in adhering to medical ethics attributed to their age range.

-The ANOVA test was used to test the differences between experiences categories. Table (5.8) presents the results.

Table (5.8)

ANOVA test on dimensions for differences in experiences

Field	Experience	Mean	Std. deviation	F	Statistically significant
General duties of physicians	Under or equal 5 years	4.08	0.51	1.08	0.36
	6-10 year	4.26	0.62		
	11-15 year	4.07	0.42		
	16-20 year	4.11	-		
	Above 21	4.21	0.67		
Physicians duties towards their patients	Under or equal 5 year	3.81	0.51	0.12	0.97
	6-10 years	3.83	0.64		
	11-15 years	3.81	0.33		
	16-20 ears	4.08	-		
	Above 21	3.71	0.46		
Confidentiality	Under or equal 5 years	3.53	0.59	0.89	0.47
	6-10 years	3.64	0.69		
	11-15 year	3.40	0.53		
	16-20 year	4.00	-		
	Above 21	3.86	0.78		

Table (5.8) shows the followings results:

1. There is no statistically significant difference at the level of ($\alpha \leq 0.05$) between experience and general duties of physician's work ethic.
2. There is no statistically significant difference at the level of ($\alpha \leq 0.05$) between experience and physician's duties towards their patients.

3. There is no statistically significant difference at the level of (α≤0.05) between experience and confidentiality work ethic.
4. In general, there is no statistically significant difference at the level of (α≤0.05) between experience and all ethics dimensions.

-The ANOVA test was used to test the differences between career level categories. Table (5.9) presents the results.

Table (5.9)
ANOVA test for differences in career level

Field	Career level	Mean	Std. deviation	F	Statistically significant
General physicians duties	General Doctor	4.04	0.55	2.15	0.08
	Resident Doctor	4.27	0.63		
	Qualified Resident	4.22	0.41		
	Specialist	4.09	0.40		
	Consultant	3.22	-		
Physicians duties towards their patients	General Doctor	3.83	0.49	0.07	0.99
	Resident Doctor	3.82	0.60		
	Qualified Resident	3.80	0.47		
	Specialist	3.81	0.69		
	Consultant	3.54	-		
Confidentiality	General Doctor	3.43	0.62	1.34	0.26
	Resident Doctor	3.64	0.65		
	Qualified resident	3.68	0.55		
	Specialist	3.74	0.75		
	Consultant	3.40	-		
Total	General Doctor	3.82	0.38	0.84	0.50
	Resident doctor	3.94	0.51		
	Qualified Resident	3.92	0.33		
	Specialist	3.89	0.47		
	Consultant	3.41	-		

Table (5.9) shows the followings results:

1. There is no statistically significant difference at the level of ($\alpha \leq 0.05$) between career level and general duties of physician's work ethic.
2. There is no statistically significant difference at the level of ($\alpha \leq 0.05$) between career level and physician's towards their patients.
3. There is no statistically significant difference at the level of ($\alpha \leq 0.05$) between career level and confidentiality work ethic.
4. In general, there is no statistically significant difference at the level of ($\alpha \leq 0.05$) between career level and all ethics dimensions.

5.3. Question Three:

Is there a relationship between the level of adherence to the Jordanian medical constitution work ethics (general duties of physicians, physician's duties towards their patients, confidentiality) and performance dimensions (occupancy rate, average length of stay, inpatients day) of the departments in which physicians of Irbid governorate public hospitals operate?

To answer this question, Pearson correlations were found for all answers' means

of the three ethics dimensions (general duties of physicians, physician's duties towards their patients, confidentiality) and between performance indicators (occupancy rate, average length of stay, inpatients day) as shown in the table (5-10).

Table (5.10)

Pearson correlation coefficients between work ethics and performance

Correlation With:	Occupancy rate%	Average length of stay	In patients days
General duties of physicians	**0.55***	**0.65***	**0.50***
Physicians duties towards their patients	**0.58***	**0.50***	**0.69***
Confidentiality	**0.60***	**0.61***	**0.57***
TOTAL	**0.55***	**0.50***	**0.61***

***significant at (α≤0.05)**

Table (5.10):

1) There is a statistically significant correlation at the level of (α≤0.05), between general duties of physicians and occupancy rate.
2) There is a statistically significant correlation at the level of (α≤0.05), between general duties of physicians and average length of stay.
3) There is a statistically significant correlation at the level of (α≤0.05), between general duties of physicians and inpatients days.
4) There is a statistically significant correlation at the level of (α≤0.05), between physician's duties towards their patients and occupancy rate.
5) There is a statistically significant correlation at the level of (α≤0.05), between physician's duties towards their patients and average length of stay.

6) There is a statistically significant correlation at the level of ($\alpha \leq 0.05$), between physician's duties towards their patients and inpatients days.
7) There is a statistically significant correlation at the level of ($\alpha \leq 0.05$), between confidentiality and occupancy rate.
8) There is a statistically significant correlation at the level of ($\alpha \leq 0.05$), between confidentiality and average length of stay.
9) There is a statistically significant correlation at the level of ($\alpha \leq 0.05$), between confidentiality and inpatient days.
10) There is a statistically significant correlation at the level of ($\alpha \leq 0.05$), between all ethics dimensions and occupancy rate.
11) There is a statistically significant correlation at the level of ($\alpha \leq 0.05$), between all ethics dimensions and average length of stay.
12) There is a statistically significant correlation at the level of ($\alpha \leq 0.05$), between all ethics dimensions and confidentiality.

In general, we notice that all relations between work ethics dimensions (general duties of physicians, physician's duties towards their patients, confidentiality) and performance indicators (occupancy rate, inpatients day, and average length of stay) are all (positive) and statistically significant at the level of ($\alpha \leq 0.05$), and it is classified as medium relations according to (Hinkle, Wiersma, Jurs; 1988).

The study results comply with findings of most previous studies, that is to say, there is relation between ethics and performance such as the study of Abdi et al. (2014), Meriac (2012), Mann (2010) and Berrone et al. (2005).

The medium relationship between all ethics dimensions and performance indicators emphasizes the important role of ethics and its impact on performance.

To justify the result, the researcher used multiple linear regressions.

(Table 5.11)

Multiple linear regressions for predictive variable model group [occupancy rate, inpatients days, and average length of stay] on hospitals performance indicators.

Criteria	R	R^2	Adjusted R^2	Std. Error of the Estimate	Change Statistics				
					R^2 Change	F Change	df_1	df_2	Sig. F Change
Occupancy rate%	0.49	0.2422	0.1854	339.942	24.22%	**4.261**	3	40	0.011
	Predictors: *(Constant), confidentiality, Doctor duties to the patients, General duties of physicians*								
	0.32	0.1054	0.0841	360.454	10.54%	**4.948**	1	42	0.032
	Predictors: *(Constant), TOTAL*								
Average length of stay	0.77	0.5941	0.5637	8619.228	59.41%	**19.516**	3	40	0.000
	Predictors: *(Constant), confidentiality, Doctor duties to the patients, General duties of physicians*								
	0.68	0.4624	0.4496	9680.395	46.24%	**36.127**	1	42	0.000
	Predictors: *(Constant), TOTAL*								
In patients days	0.92	0.8423	0.8305	0.757	84.23%	**71.220**	3	40	0.000
	Predictors: *(Constant), confidentiality, Doctor duties to the patients, General duties of physicians*								
	0.87	0.7498	0.7439	0.930	74.98%	**125.892**	1	42	0.000
	Predictors: *(Constant), TOTAL*								

***significant at** ($\alpha \leq 0.05$)

Table (5.11):

1-There is statistically significant effect at the level of ($\alpha \leq 0.05$) of the all ethics dimensions (occupancy rate, inpatients day, and average length of stay) on the hospitals performance indicators measured by the occupancy Rate %. The

adjusted R^2 value means that the model predictive group explains (0.19) of the variance of the occupancy rate.

2-There is statistically significant effect at the level of (α≤0.05) of the all ethics dimensions (occupancy rate, inpatients day, and average length of stay) on the hospitals performance indicators measured by the average length of stay, the adjusted R^2 value is means that the model predictive group explains (0.56) of the variance of average length of stay.

3- There is statistically significant effect at the level of (α≤0.05 of the all ethics dimensions (occupancy rate, inpatients day, and average length of stay) on the hospitals performance indicators measured by the average length of stay, the adjusted R^2 value is means that the model predictive group explains (0.83) of the variance of average length of stay, which is the highest one.

Chapter Six

Conclusions and Recommendations

Chapter Six

Conclusions and Recommendations

6.1 Introduction

This chapter provides a summary for the main findings and recommendations of the study based on the results presented in the previous chapter.

6.2 Summary of the Results

This research has come up with the following conclusions:

1- The descriptive statistics of the study sample shows that (77.6 %) of the respondents were males and (22.4%) were females. (51.2%) of the sample was between (31-40) years and (42.9 %) was under or equal thirty. (47.1%) of the sample has experience of 5 years or less. Most of the respondents were either resident doctors or general doctors. The study sample was fairly distributed in different six hospitals at different departments.

2- In general, the answers of the respondents show high level of adopting ethics dimension. The results show that the highest one is the general duties of physicians and lowest one is the confidentiality.

3- There are statistically significant differences between male and female physicians in terms of their commitment to ethical dimensions. Males have higher level of adherence to ethics than females.

4-There is a statistically significant difference between age of the physicians in terms of their general duties of physicians and the confidentiality. Whereas there is no statistically significant difference between the age of physicians in terms of doctor duties towards their patients.

5- There are no statistically significant differences between the levels of experience of physicians in terms of adopting ethics dimensions.

6- There are no statistically significant differences between the career levels in terms of adopting ethics dimensions.

7- There are a statistically significant correlations at the level of ($\alpha = 0.05$), between all ethics dimensions and occupancy rate.

8- There are a statistically significant difference correlations at the level of ($\alpha = 0.05$), between all ethics dimensions and average length of stay.

9-There is a statistically significant difference correlations at the level of ($\alpha = 0.05$), between all ethics dimensions and confidentiality.

6.3 Recommendations

The study suggests the following recommendations:

1- Physicians should show higher level of commitment to the confidentiality than the existing level as adherence to all dimensions is equally important to enhance the level of medical service provided to patients.

2- The researcher advise hospitals administration to provide more facilities to female doctors to show more commitment to the ethical dimensions than the level found in the study; here administrations should decrease the pressure of work on females to grant the appropriate service to the patient. Also the researcher recommends hospitals administration to increase their interest in their employees and develop their skills and abilities.

3- Creating a specialized human resource department in hospitals which should be interested in medical ethics to promote the physicians' duties towards their patients.

4- While this study concentrates on doctor's work ethics, future research should address ethics among other medical staff such as nurses and laboratories employees.

5- The need to develop a clear vision regarding medical work ethics in hospitals, as we found a significant relation between medical ethics and hospitals

performance. This should be communicated clearly to all members of medical staff.

6- Jordanian hospitals' administrations should concentrate on medical work ethics. This can be done by emphasizing the need to adopt the Jordanian Medical Constitution in the performance appraisal process.

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Appendix (1)

List of ARBITRATORS

Name	Post	Department	University
Mahmoud Al kilany	Assistant Professor	Marketing	Yarmouk University
Hassan al Essa	Associate Professor	Business Administration	Yarmouk University
Yazan Migdadi	Assistant Professor	Business Administration	Yarmouk University
Dima Al Rabdy	Associate Professor	Finance	Yarmouk University
Zeyad Zurikat	Associate Professor	Accounting	Yarmouk University

Appendix (2)

Research questionnaire in Arabic language

الدكتور المحترم / الدكتورة المحترمة :

تحية طيبة وبعد:

أضع بين أيديكم استبانة تعد جزء من دراسة لنيل درجة الماجستير في ادارة الاعمال جامعة اليرموك حول بعض الممارسات الطبية واثرها على الاداء في مستشفيات اربد الحكومية بعنوان "أخلاقيات العمل و أثرها على الأداء في المستشفيات الحكومية في محافظة إربد ".

يرجى منكم قراءة الاستبانة التي تتضمن فقرات خاصة ببعض الممارسات الطبية و اختيار ما يتناسب مع وجهة نظركم. يرجى ملاحظة انه لا توجد اجابات نموذجية و ان الهدف هو التعرف على وجهة نظركم فقط حول هذه الممارسات . نود التأكيد لحضرتكم على ان البيانات التي سيتم جمعها سوف تستخدم لاغراض البحث العلمي فقط و ستعامل بمنتهى السرية. علما بأنه لا داعي لذكر اسمكم اواسم المستشفى الذي تعملون به.

ارجو التكرم بتخصيص جزء من وقتكم الثمين و التعاون في الاجابة بدقه و موضوعية على العبارات الموجودة في هذه الاستبانه بوضع علامة (√) في المكان المناسب . شاكراً لكم تعاونكم و دعمكم الذي سيكون له بالغ الاثر في تحقيق اهداف هذه الدراسة .

مع خالص التحية والاحترام والتقدير

الباحثة : **رزان علي الديري.**

Email : razan.deiry@gmail.com

الجزء الاول :

المعلومات الشخصية :

يرجى وضع إشارة (√) امام كل عبارة و بما ينطبق عليك

الجنس:

☐ ذكر ☐ أنثى

العمر:

☐ 30 سنة او اقل ☐ من 31 -40 سنة

☐ من 41- 50 سنة ☐ 51 سنة فاكثر

الخدمة :

☐ 5 سنوات او اقل ☐ من 6 -10 سنوات

☐ من 11 - 15 سنة ☐ من 16-20 سنة

☐ 21 فاكثر

المركز الوظيفي :

☐ طبيب عام ☐ طبيب مقيم

☐ مقيم مؤهل ☐ طبيب اختصاص

☐ طبيب استشاري

مكان العمل الحالي :

☐م. الاميرة بسمة التعليمي ☐م. الاميرة رحمة التعليمي ☐م. الاميرة بديعة التعليمي

☐ م. الرمثا الحكومي ☐ م. الاميرة راية ☐ م. اليرموك

ما هو القسم الذي تعمل به في المستشفى :

☐ جراحة عامة ☐ باطني ☐ اطفال ☐ خداج ☐ عيون

☐ نسائية و توليد ☐ مسالك بولية ☐ عظام ☐ اذنية

☐ اسعاف و طوارء ☐ I.C.U

الجزء الثاني : الرجاء وضع إشارة (√) أمام العبارة التي تعكس رأيكم :

يرجى بيان مدى اتفاقكم او عدم اتفاقكم مع كل من الممارسات المبينة ادناه. حيث ان الاجابة تتدرج من غير موافق على الاطلاق (5 نقاط) الى موافق بشدة (1 نقطة) كما هو مبين بالشكل ادناه .

غير موافق على الاطلاق 5	غير موافق 4	محايد 3	موافق 2	موافق بشدة 1

المحور الاول: الواجبات العامه للطبيب	غير موافق على الاطلاق 5	غير موافق 4	محايد 3	موافق 2	موافق بشدة 1
1. احاول الافادة من منصبي و مكان عملي لمصلحتي الشخصية					
2. لو سنحت لي الفرصة بمنصب سياسي او اداري احاول استثماره و الانتفاع به					
3. لدي استعداد للقيام بعمل دعاية و اعلان لنفسي بلقب او اختصاص حتى لو لم انله بشكل رسمي					
4. اذا دعت الضرورة للدعاية عن اختصاصي من أجل زيادة المرضى من خلال الصحف ساستمر لفترة اكثر من شهر					

	غير موافق على الاطلاق 5	غير موافق 4	محايد 3	موافق 2	موافق بشدة 1
5. امتنع عن تقديم النصيحة للمريض التي من شأنها ان تضعف مقاومته العقلية او الجسدية					
6. لا ضير ان تكون الوصفه الطبية مكتوبة بخط غير واضح					
7. احرص على ان تحتوي الوصفة الطبية على شروط استعمال العلاج					
8. اسمح لشركات الادوية والعقاقير باستخدام اسمي لترويج منتجاتهم					
9. لدي استعداد لاعطاء تقرير طبي بدون ان يسبقه فحص طبي					
المحور الثاني: واجبات الطبيب نحو المرضى					
10. لا يحق للمريض ان يختار الطبيب الذي يعالجه					
11. ابذل كل ما في وسعي لتقديم العنايه و العطف و الاخلاص لجميع المرضى الذين اعالجهم على حد سواء					

	غير موافق على الاطلاق 5	غير موافق 4	محايد 3	موافق 2	موافق بشدة 1
12. يمكن للطبيب الامتناع عن معالجة مرضاه اذا لم يضر ذالك بحالتهم الصحية					
13. ليس من الضرورة ان تتضمن التقارير الطبية التي يكتبها الطبيب توقيعه ممهورا بخط يديه					
14. ليس هناك خطأ ان يعطي الطبيب تقارير طبية بغرض المجامله					
15. يحق للطبيب اعطاء تقارير الوفاه التي يشتبه فيها جنائيا في حالة موافقة ولي أمر المتوفي دون ابلاغ السلطات القضائية					
16. في حالة حدوث موت مفاجئ لمريض في العيادة يحق للطبيب اعطاء شهادة وفاة لولي أمر المتوفي					
17. يتوجب على الطبيب اسعاف المريض العاجز او الفاقد لقدرته على التصرف حتى وان لم يستطع الحصول على الموافقه القانونية					
18. يحق للطبيب معالجة مريض اذا دعت الضرورة في حال تأخر الموافقة القانونية					

	غير موافق على الاطلاق 5	غير موافق 4	محايد 3	موافق 2	موافق بشدة 1
19. يحق للطبيب اخفاء خطورة المرض على المريض المرجح وفاته					
20. لا يحق للطبيب اخفاء خطورة المرض على أهل المريض المرجح وفاته					
21. يتوجب على الطبيب المعالج لمريض مصاب بمرض معد او سار ان يخبر جميع المراكز الصحية المعنية بهذا المرض					
22. يحق للطبيب اجهاض المرأة الحامل					
المحور الثالث: سرّ المهنة					
23. يحق للطبيب افشاء معلومات عن مرضاه لغير الاشخاص المفوضين					
24. يحق للطبيب افشاء سّر المريض القاصر او غير المدرك الى الجهات ذات العلاقة اذا اقتضت الضرورة					
25. يحق للطبيب افشاء سّر مريض الى الجهات ذات العلاقة اذا اقتضت الضرورة للحفاظ على امن المجتمع الصحي					
26. لا يجوز للطبيب ان يقدم معلومات عن سوابق المريض المفحوص المرضية حتى و ان كان هناك طلب خطي من قبل القضاء					

	غير موافق على الاطلاق 5	غير موافق 4	محايد 3	موافق 2	موافق بشدة 1
27. يجوز للطبيب نشر معلومات طبية بدون ذكر الاسماء و الصور المعرفة لغرض البحث العلمي					

Appendix (3)

Research Questionnaire

Dear Physicians,

This is a questionnaire to be filled as part of MBA thesis on **"Work Ethics and its Impact on Performance at Irbid Governorate Public Hospitals"**

This questionnaire includes questions on some medical behaviors and their effect on performance of public hospitals in Irbid.

Kindly read it thoroughly. It contains information and questions which are hoped to be answered properly and according to your opinions. There is no typical answer. The main objective is to know your perspectives on these medical behaviors. I would like to confirm to you that your answers will only be used for scientific research and will be treated confidentially. It is not necessary to mention your names and the hospitals where you work.

I, therefore, appreciate your time and co-operation in filling and objectively answering the questions by putting (√) in the appropriate place.

Kindly accept my sincere thanks for your cooperation and support which will have a great impact in achieving the objectives of the study.

Best regards

The searcher: Razan Ali AL-Deiry

E-mail: Razan.deiry@gmail.com

The first part:

Personal Information

Please, put (√) where appropriate:

Gender:

Male ☐ Female☐

Age:

Under or equal 30 year ☐ 31-40 year ☐

41-50 year ☐

Above 51 year ☐

Experience:

Under or equal five years ☐ 6-10 years ☐

11-15 years ☐ 16-20 years ☐

More 21 years ☐

Career level:

General Doctor ☐ Resident Doctor ☐

Qualified Resident ☐ Specialist ☐

Consultant Doctor ☐

Current work place:

Educational Hospital of Princess Basma ☐

Educational Hospital of Princess Rahma ☐

Educational Hospital of Princess Badeaa ☐

Al Ramtha Public Hospital ☐

Princess Raya Hospital ☐

Al Yarmouk Hospital ☐

The department that you work in:

pthalmology ☐ general surgery ☐ medicine ☐

prematurity ☐ gynecology ☐ urology ☐ orthopedics ☐

ENT ☐ I.C.U ☐ emergency ☐ pediatric ☐

The second part:

Please, put (√) where appropriate:

- Please indicate your agreement or disagreement with all the actions described below. Where the answer is fallen from strongly disagree (5 points) to strongly agree as shown in the figure:

Strongly disagree 5	Disagree 4	Neutral 3	Agree 2	Strongly agree 1

First: General duties of physicians	Strongly disagree 5	Disagree 4	Neutral 3	Agree 2	Strongly agree 1
1. I use my work to achieve my personal interest.					
2. If I have a chance to be appointed in political or administrative position, I will make use of it.					
3. I am ready to make an advertisement to fame myself by using titles which I do not hold.					
4. If necessary I will keep advertising in newspapers for than a month to attract more patients.					

	Strongly disagree 5	Disagree 4	Neutral 3	Agree 2	Strongly agree 1
5. I refrain from giving advice to patients that can reduce their mental and physical immunity.					
6. It does not matter if the medical report is not clearly written.					
7. I am cautious that prescriptions should include instructions of medicine use.					
8. I allow pharmacology firms to use my name in promoting their product.					
9. I will not give a medical report without medical diagnosis.					
Second part: Physician's duties towards patients					
10. The patient has no right to choose the doctor.					
11. I do my best to provide medical care equally for all patients.					
12. The doctor has the right not to treat his patients provided that it will not harm the patient's health.					
13. It is unnecessary for medical report to have doctor's signature on them.					

	Strongly disagree 5	Disagree 4	Neutral 3	Agree 2	Strongly agree 1
14. It is not a fault if a doctor gives medical reports for courtesy					
15. In case of accidental death in the clinic, the doctor.					
16. has the right to give a death report to the dead's relative.					
17. The doctor should treat the vulnerable patient even if there is no legal approval.					
18. The doctor has the right to treat the patient even if the legal approval is late.					
19. The doctor has the right to hide dangerous information for patients who are likely to die.					
20. The patient has no right to choose the doctor.					
21. The doctor should not inform the patients family any dangerous information about patient's critical case and likelihood of death.					
22. The doctor should inform all concerned clinics if the patient's disease is infectious.					

	Strongly disagree 5	Disagree 4	Neutral 3	Agree 2	Strongly agree 1
23. The doctor has the right to terminate pregnancy by abortion.					
The Third Part: Confidentiality					
24. The doctor has the right to display information on his patients for unauthorized people.					
25. The doctor has the right to display information of his vulnerable patients to the concerned people when necessary.					
26. The doctor has the right to display information of his patients to the concerned people for the sake of preserving community health.					
27. The doctor has no right to reveal information about the previous history of his patients even if legally approved.					

Appendix (4)

الملخص بالعربية

الديري , رزان علي. "أخلاقيات العمل و أثرها على الأداء في المستشفيات الحكومية في محافظة إربد" . رسالة ماجستير. إدارة الأعمال, جامعة اليرموك (2015) , إشراف الدكتور فؤاد الشيخ .

تهدف هذه الدراسة الإستكشافيه إلى دراسة العلاقه ما بين أخلاقيات العمل والأداء في مستشفيات محافظة إربد الحكومية.

لدراسة أخلاقيات العمل قامت الباحثة بتطوير إستبانة لهذا الغرض حيث تم اعتماد ثلاث أبعاد من أخلاقيات العمل حسب الستور الطبي الأردني وهي (الواجبات العامه للطبيب , واجبات الطبيب نحو المرضى , سرّ المهنة), بينما لقياس الأداء تم الحصول على تقارير الأداء من التقري الأحصائي السنوي الصادر عن وزارة الصحه للأعوام من (2010-2012) بالإعتماد على ثلاثة أبعاد وهي (نسبة الاشغال , عدد الايام المرضية , معدل الاقامة).

شملت عينة الدراسة 170 طبيبا موزعين على6 مستشفيات حكومية في محافظة إربد ويمثلون 44 قسما في تلك المستشفيات.

أبرز النتائج التي توصلت إليها الدراسة تتمثل بالاتي:

1) هنالك التزام عالي بأخلاقيات العمل من قبل الأطباء في المشتشفيات الحكومية لمحافظة إربد.
2) أ- يوجد أثر ذا دلاله إحصائية عند مستوى الدلاله ($0.05 \leq \alpha$), بين متغير الجنس للأطباء ومدى التزامهم بأخلاقيات العمل وذلك لصالح الأطباء الذكور.

ب- يوجد أثر ذا دلاله إحصائية عند مستوى الدلاله ($0.05 \leq \alpha$), بين متغير العمر للأطباء ومدى التزامهم بأخلاقيات العمل وذلك لصالح الفئة العمرية (30 سنة أو أقل).

ج- لا يوجد أثر ذا دلاله إحصائية عند مستوى الدلاله ($0.05 \leq \alpha$), بين متغيري (الخبرة, المستوى الوظيفي) ومدى التزام الأطباء بأخلاقيات العمل.

3- وجود علاقة ارتباطية ذات دلالة احصائية عند مستوى الدلالة ($0.05 \leq \alpha$) و طردية (إيجابية) بين الأخلاقيات الثلاثة (واجبات الطبيب العامة، واجبات الطبيب تجاه مرضاه، سرية

المهنة) من جهة وبين الأداء ممثلاً بجوانبه الثلاثة (نسبة الإشغال، عدد الأيام المرضية، مدة الإقامة) من جهة اخرى .